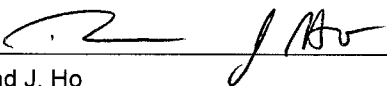


<h1>TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	10/551,025-Conf. #8264
		Filing Date	December 8, 2005
		First Named Inventor	Andrea Giraldo
		Art Unit	2629
		Examiner Name	Richard A. Hjerpe
Total Number of Pages in This Submission		Attorney Docket Number	32350-253509

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> <b>Fee Transmittal Form PTO/SB/17</b>  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input checked="" type="checkbox"/> <b>Power of Attorney, Revocation Change of Correspondence Address</b> <input checked="" type="checkbox"/> <b>Statement Under 37 CFR 3.73(b)</b>  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> <b>Other Enclosure(s) (please identify below):</b> <b>Yellow Filing Receipt</b>
<div style="border: 1px solid black; padding: 5px; min-height: 100px;">         Remarks       </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	VENABLE LLP		
Signature			
Printed name	Raymond J. Ho		
Date	May 15, 2008	Reg. No.	41,838

<p><small>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</small></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		<p><b>Complete if Known</b></p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/551,025-Conf. #8264
		Filing Date	December 8, 2005
		First Named Inventor	Andrea Giraldo
		Examiner Name	Richard A. Hjerpe
		Art Unit	2629
TOTAL AMOUNT OF PAYMENT		(\$)	0.00
		Attorney Docket No.	32350-253509

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account            Deposit Account Number: <u>22-0261</u> Deposit Account Name: <u>Venable LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

### FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES		
Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

<b>Total Claims</b> _____ - 20 = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20.	<b>Extra Claims</b> _____ x _____ = _____ Fee (\$) _____	<b>Fee Paid (\$)</b> _____	<b>Multiple Dependent Claims</b> Fee (\$) _____	<b>Fee Paid (\$)</b> _____
<b>Indep. Claims</b> _____ - 3 = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3.	<b>Extra Claims</b> _____ x _____ = _____ Fee (\$) _____	<b>Fee Paid (\$)</b> _____		

3. APPLICATION SIZE FEE				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)		<b>Fees Paid (\$)</b>
Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge): _____		

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	41,838
Name (Print/Type)	Raymond J. Ho	Telephone	(703) 760-1977
		Date	May 15, 2008

**Venable Filing Number**Atty. Docket No: **32350-253509**Title of Application: **DISPLAY DEVICE HAVING A SPARKLING EFFECT AND METHOD FOR DRIVING THE SAME**Application No: **10/551,025**

Patent No. :

Attorney/LAA:

**RJH/srj**

PTO Due Date:

Current Date:

**May 15, 2008**

Filing Date:

**December 8, 2005**

Issue Date:

The following items were received from Venable LLP, Washington, D.C., by the U.S. Patent & Trademark Office on the date stamped hereon:

**U.S. PTO FEES ENCLOSED**

<input checked="" type="checkbox"/> <b>Transmittal Form PTO/SB/21</b>	_____ Filing Fee
<input checked="" type="checkbox"/> <b>Fee Transmittal Letter PTO/SB/17</b>	_____ Search Fee
____ New U.S. Patent Application (____ pages of specification/claims)	_____ Examination Fee
____ Rule 53(d) Continued Prosecution Application	_____ Additional Claim Fee
____ Rule 53(b) Continuation or Divisional Application <b>(attach copy of specification, claims, drawings and declaration)</b>	_____ Extension Fee
____ U.S. National Stage Application of PCT Application	_____ IDS Fee
____ Request for Continued Examination (RCE) under 37 CFR 1.114	_____ Recordation Fee
____ Application Data Sheet	_____ Notice of Appeal Fee
<input checked="" type="checkbox"/> <b>Yellow Filing Receipt</b>	_____ Brief on Appeal
<input checked="" type="checkbox"/> <b>Revocation and Power of Attorney With New Power of Attorney and Change of Correspondence Address</b>	_____ Oral Hearing Request Fee
<input checked="" type="checkbox"/> <b>Statement Under 37 CFR 3.73(b)</b>	_____ Petition Fee
____ Inventor Declaration	_____ Issue Fee
____ Assignment w/Cover Sheet	_____ Publication Fee
____ Response to Notice to File Missing Parts	_____ Certificate of Correction Fee
____ Response to Notice to File Missing Requirements	_____ Maintenance Fee
____ Response to Requirement	_____ Other Fees (Describe)
____ Information Disclosure Statement with cited references	_____
____ Response	_____
____ Amendment / Preliminary Amendment	_____
____ Petition/Request for Extension of Time ( mo. ext.)	_____
____ Power of Attorney	_____
____ Petition to Revive	_____
____ Sequence Listing – CDR Enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
____ Request for Non-Publication	_____
____ Request to Rescind Non-Publication Request	_____
____ Terminal Disclaimer	_____
____ Notice of Appeal	_____
____ Appeal Brief <b>(in triplicate)</b> / Reply Brief <b>(in triplicate)</b>	_____
____ Request for Oral Hearing	_____
____ Confirmation of Hearing Petition	_____
____ Issue Fee Transmittal	_____
____ Certificate of Correction	_____
____ Maintenance Fee Transmittal	_____
____ Status Inquiry	_____
____ <b>Other: (Please describe below)</b>	_____

**0.00****Total Fees Paid****Charge the above fees as follows:**

- ☐ USPTO Deposit Account No. 22-0261
- ☐ USPTO Deposit Account No. \_\_\_\_\_
- ☒ USPTO not to charge any Deposit Account

Reviewed By: \_\_\_\_\_

Signature of Attorney

Date